

FILED**UNITED STATES DISTRICT COURT**

for the

OCT 07 2020Lester Wagner
Plaintiff/PetitionerRusty Loza & Tammy Reagan
Defendant/RespondentClerk, U. S. District Court
Eastern District of Tennessee
At Knoxville

Civil Action No. 3:20-cv-00430

**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)**

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: Bledsoe County Corr. Complex

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

N/A

My gross pay or wages are: \$ -0-, and my take-home pay or wages are: \$ -0- per
(specify pay period) N/A.

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- | | | |
|--|------------------------------|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts, or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

4. Amount of money that I have in cash or in a checking or savings account: \$ -0-.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

N/A

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

N/A

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

N/A

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

Claiborne County Detention Center, \$439.29 as of 9/28/20 for open medical fees.

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 10/4/2020

Lester Wagner
Applicant's signature

Lester Wagner
Printed name

CERTIFICATE


TO BE COMPLETED BY AN AUTHORIZED
CUSTODIAN OF INMATE ACCOUNTS

I certify that the applicant herein has the sum of \$ 0.16 on account to his/her credit at the Clairborne County Det. Center (institution where the applicant is currently incarcerated). I further certify that the average balance in the applicant's trust fund account during the last six months was \$ 0.28. A copy of the applicant's trust fund account (or an institutional equivalent) for the last six months is attached hereto.



Signature of Authorized Officer

Sworn to and subscribed before me this
28th day of Sept, 2020.



Notary Public

My commission expires 4/22/2023




Lester Wagner has open medical fees of
\$ 439.29 as of this date.

LESTER BRADLEY WAGNER (11306)

[← Back to All Inmates](#)

Balance	Spendable	Medical	Open Fees	Open Bonding Fees	Upcoming Fees
\$0.16	\$0.16	\$0.00	\$439.29	\$0.00	\$0.00

[General](#) [Restrictions](#) [Transactions](#) [Fees](#) [History](#)[Deposit](#) [Adjustment](#) [Medical](#) [Print Check](#) [Med Payment](#) [Fee](#) [Print](#)[PDF](#) [Print](#) [Excel](#)Show 100  entries

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ID	Type	Date	Amount	Running Total
36902552	Order	06/11/2020 11:15:17 am EST	-\$0.70	\$0.16
36826781	Order	06/09/2020 03:42:03 pm EST	-\$6.50	\$0.86
36791289	Order	06/08/2020 06:10:05 pm EST	-\$10.39	\$7.36
36644105	Order	06/04/2020 11:18:09 pm EST	-\$9.05	\$17.75
36606337	Order	06/04/2020 10:21:44 am EST	-\$7.89	\$26.80
36585230	Order	06/03/2020 07:32:45 pm EST	-\$1.95	\$34.69
36579469	Order	06/03/2020 05:39:51 pm EST	-\$13.90	\$36.64
36564201	Order	06/03/2020 12:16:54 pm EST	-\$9.24	\$50.54
36549202	Paid Inmate Fee - Medical Prescription Fee - Medical Prescription Fee - 3/11 Rx# 8808152 8808154 8808149 (Fee Created on: 03/11/2020 9:03 am EST)	06/02/2020 09:53:45 pm EST	-\$10.71	\$59.78
36549201	Paid Inmate Fee - Medical Visit Fee - Medical Visit Fee - 03/05 (Fee Created on: 03/06/2020 8:44 am EST)	06/02/2020 09:53:45 pm EST	-\$1.79	\$70.49

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I/M # 429507 LESTER WAGNER
1045 HORSEHEAD RD
PIKEVILLE, TN 37367

CHATTANOOGA, TN 373

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U.S. POSTAGE PITNEY BOWES



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United States District Court
Eastern District of Tennessee
Att: Clerk of Court
800 Market Street
Suite 130
Knoxville, TN 37902

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OCT 07 2020

Clerk, U. S. District Court
Eastern District of Tennessee
At Knoxville

37902-0000



THE DEPARTMENT OF CORRECTIONS
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OCT 05 2020

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